

# Spontaneous haemorrhage in a healthy newborn

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## DESCRIPTION

A full-term male neonate, who was born by vaginal delivery without trauma, presented a small purple tumefaction on his back at 8 h of life, with a tender consistency. It was well defined and interpreted as a haemangioma. At 24 h of life he became lethargic, pale, tachycardic and the tumefaction worsened (figures 1 and 2).<sup>1 2</sup> A careful review of his family history revealed haemophilia A in first-degree to third-degree relatives on the maternal side.<sup>1 2</sup> Haemoglobin dropped from 14.6 to 9.5 g/dL in 4 h. His activated thromboplastin time was 85.2 s with normal prothrombin time and number of platelets. The coagulation factor dosage revealed a severe factor VIII deficiency (FVIII <0.1%). He received red blood cells, fresh frozen plasma and intravenous recombinant factor VIII transfusions, and started phototherapy for jaundice.<sup>2</sup> Cranial, abdominal ultrasounds and thorax radiographies were normal. In the following days, his general condition and haematoma significantly improved.

He was discharged at 7 days of life with FVIII dosage in normal range (85.2%) and negative inhibitors for FVIII.

## Learning points

- ▶ Haemophilia A is an X-linked coagulation disorder, so mothers are usually asymptomatic carriers and manifestations are almost exclusively in male neonates.
- ▶ A review of the family history in an otherwise healthy newborn, with unexplained bleeding, can lead to the diagnosis in two-thirds of the population.
- ▶ The severe form of haemophilia should be part of the differential diagnosis of haemodynamically unstable newborns with spontaneous superficial haematoma.



**Figure 1** Diffuse haematoma on the neonate's back and the presence of some central yellowish papule surrounded by a halo of erythema (erythema toxicum).



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**Figure 2** Extensive haematoma on the back of the neonate.



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